NEWS

UK reviews intensive care and emergency services

The British government has promised extra money to fund more paediatric intensive care beds (see also p 654). The announcement came after the report of an inquiry into the death of a 10 year old boy who was transferred four times by ambulance in less than 12 hours because of shortages in intensive care beds. Nicholas Geldard collapsed at home on 7 December 1995.

Health authorities will now be asked to review the working of their emergency services, a national database of intensive care beds will be set up, and new money from an NHS expansion budget of £500m will be used to increase the number of paediatric intensive care beds.

The chairman of the inquiry into the death of Nicholas Geldard, Judge Bill Ashworth, said that the case "revealed a curious mix of praiseworthy staff commitment, idiosyncratic call-out arrangements, ghastly misjudgment and insensitivity, and a ponderous bureaucracy which bedevils clinicians who seek paediatric neurosurgical advice."

The report said that Nicholas's death was due to a ruptured cerebral artery aneurysm that re-bled after an initial leak. His likelihood of surviving the incident was not altered by the care that he received.

The health secretary, Mr Stephen Dorrell, expressed sympathy for the Geldard family and said that the lessons from the case would be learnt. The health department has already published guidelines on admission and discharge criteria for intensive care units. Mr Dorrell called on health authorities to make more use of the intermediate, high dependency beds.

While the chief medical officer, Dr Kenneth Calman, undertakes a broad based review of workforce planning for accident and emergency services, Mr Dorrell has charged the NHS chief executive, Mr Alan Langlands, with the task of reviewing individual health authorities' progress.

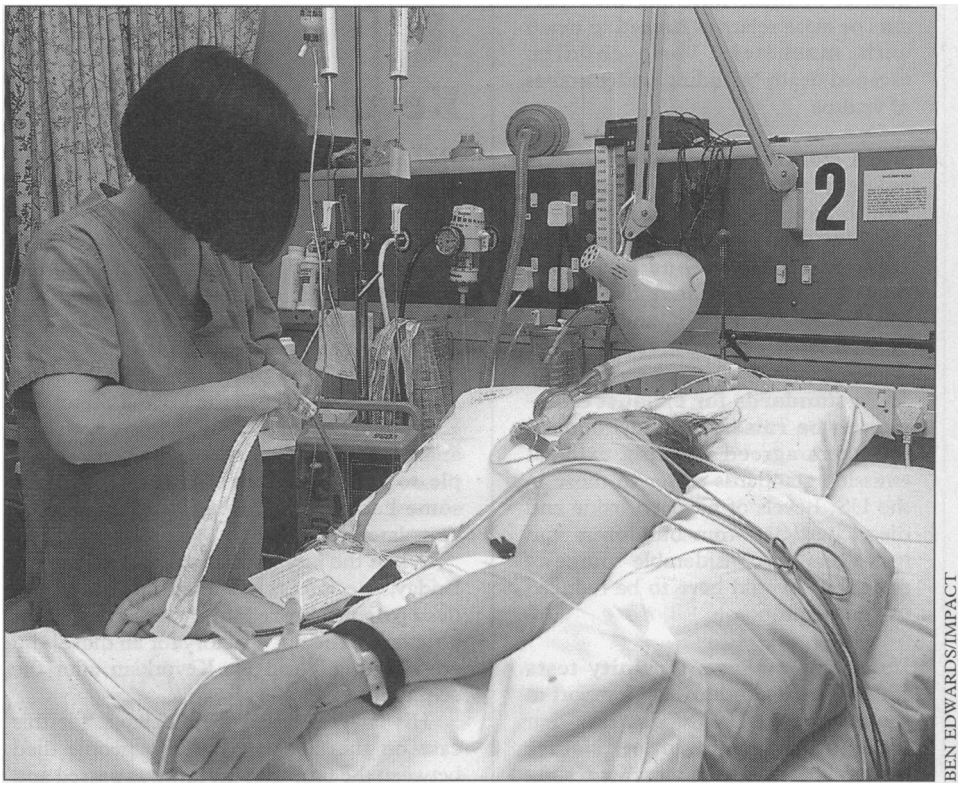
Speaking after the Commons announcement, Mr Langlands said that responsibility for the workload of intensive care units and emergency departments lay with local managers and clinicians. "The idea that accident and emergency services can be planned from Whitehall is nonsense. No single model will apply in any locality, and we have no intention of turning this into a strategic planning exercise."—DOUGLAS CARNALL, *BMJ*

● Further closures and mergers of accident and emergency departments in Britain may be needed to improve standards of care, says a new report from the Audit Commission. The report says that bigger departments would enable staff rosters to be flexible enough to meet unexpected demands, improve the training of doctors and nurses, and increase accessibility to supporting specialties and services.

The report argues that more than half of the United Kingdom's 227 accident and emergency departments are within 10 miles (16 km) of another hospital offering a full accident and emergency service. The commission says that its case is not based on costs. Although larger departments are slightly cheaper to run in cost per case terms, this reflects the smaller proportion of administrative and clinical overheads in large departments. "Merging departments would not necessarily release resources," says the report, while recognising that "it is difficult and politically sensitive to close an A&E department."

Despite this, the report recommends that a review of all departments with good access to another department within 10 miles, and with fewer than 50 000 attendances each year, should be initiated.

Guidelines on Admission to and Discharge from Intensive Care and High Dependency Units is available free from the Health Literature Line (tel 0800 555777).
By Accident or Design: Improving A&E Services in England and Wales. Audit Commission, HMSO, £15.



BEN EDWARDS/IMPACT

Intensive care beds may soon be on a national database

Assisted suicide is legal, says US judge

Mentally competent, terminally ill patients have the right to a doctor's assistance in hastening their deaths, a US federal appeals court ruled last week. Judge Stephen Reinhardt said that such a patient has "a strong liberty interest in choosing a dignified and humane death rather than being reduced at the end of his existence to a childlike state of helplessness, diapered, sedated, incompetent." Unlike state court rulings, the effects of federal court rulings can be felt across the US.

The American Medical Association opposed the decision, saying in an official statement: "We would stand by our stance that it would be unethical for a physician to participate in an assisted suicide, which would be the active killing of a patient."

The ruling supports a 1994 decision by a district judge in Washington state, who found that the state's law against physician assisted suicide was illegal and placed an undue burden on people seeking to end their lives with help of a doctor. Washington's attorney general has not yet decided if he will appeal the ruling to the US Supreme Court.

In neighbouring Oregon, residents voted in 1994 to legalise physician assisted suicide.

Headlines

Rwandan children scarred by violence: A survey by Unicef says that 95% of 3000 Rwandan children interviewed saw violence, with one quarter of them watching their parents or close relatives hacked to death with machetes. Most children escaped death by hiding under bodies of victims.

BMA calls for action to ban landmines: The BMA is urging the British government to take a lead at the United Nations conference on conventional weapons and move towards a comprehensive ban on the use, manufacture, sale, and disposal of landmines.

EU's standards for exhaust emission to be raised: EU environment ministers agreed to bring exhaust emission standards closer to those in the US. Levels of nitrogen oxide and diesel particles from bulldozers and harvesters—a considerable source of pollution—would have to be reduced under the proposals.

Indonesia reviews virginity tests for military academies: A report in the newspaper *USA Today* says that leading lawyers in Indonesia are demanding an end to virginity testing of women applicants applying to military academies. The issue was raised after women cadets complained about being examined by male doctors.

Drug groups plan world's largest merger: Swiss drug groups Sandoz and Ciba-Geigy plan to merge in what would be the world's most expensive deal. The proposed merger, estimated to be worth £50bn ($75bn), has prompted fears of many job losses in Britain.

UK government agrees extra funds to help care for elderly: The British government will give an extra £40m ($60m) to local authorities to pay for caring for elderly people in nursing and residential homes. This will help compensate for the drop in fees that occured when new rules allowed pensioners to keep up to £16 000 ($24 000) of their savings before paying the full cost of care.

Mould sample sells for £23 000: The US drug company Pfizer has paid £23 000 ($35 500) for a sample of the mould that led to Alexander Fleming's discovery of penicillin. The sample is about the size of a 2p coin (about 25 mm in diameter).

A federal judge then deemed the law unconstitutional and blocked it from going into effect. This new decision increases the statute's chances of finally being enacted.

Only the nine western states overseen by the appeal court will be directly and formally affected by the ruling: Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, and Washington.—NORRA MACREADY *freelance journalist, California*

Kevorkian cleared again

Dr Jack Kevorkian was, for the second time, acquitted of charges that he illegally assisted in the suicide of two ill patients. Dr Kevorkian was charged under a Michigan law that was passed specifically to stop his campaign to make physician assisted suicide a legitimate practice in the United States. Dr Kevorkian began his campaign six years ago and has said publicly that he helped 27 people to die. Many were terminally ill, but some had severe chronic disease, such as amyolateral sclerosis.

When the jury announced the verdict last Friday, spectators, including families of the dead patients, broke into cheers. "This is not a victory to me but a victory for all those who are suffering," said Dr Kevorkian after the acquittal.

His lawyers based their defence for this case on the fact that the two people died between the time that the law was passed and when it went into effect. But a juror interviewed afterwards said that the issue was more fundamental. Noting that suicide is not illegal in Michigan, he asked, "How could we convict someone for helping to do something that is legal?" Kevorkian was accused of helping in the suicides of a 72 year old woman with amyolateral sclerosis and a 61 year old doctor with cancer. Both died by carbon monoxide poisoning.—JOHN ROBERTS, *North American editor, BMJ*

Britain and US clash over infanticide

Caroline Beale, the British woman who pleaded guilty in a New York court last week to killing her baby, returned to London last Friday to begin psychiatric treatment. Ms Beale, who spent eight months in New York's Ryker's Island prison and a further year on remand, faced a possible 25 year sentence. But she was freed as a result of a plea bargain in which she pleaded guilty to manslaughter and was sentenced to the eight months already served and five years' probation.

The case focused huge media attention on the contrast between the ways the American and British legal systems deal with infanticide. In Britain women who kill their babies while suffering from puerperal psychosis are not remanded in custody and almost invariably receive non-custodial sentences: probation, supervision, or hospital orders.

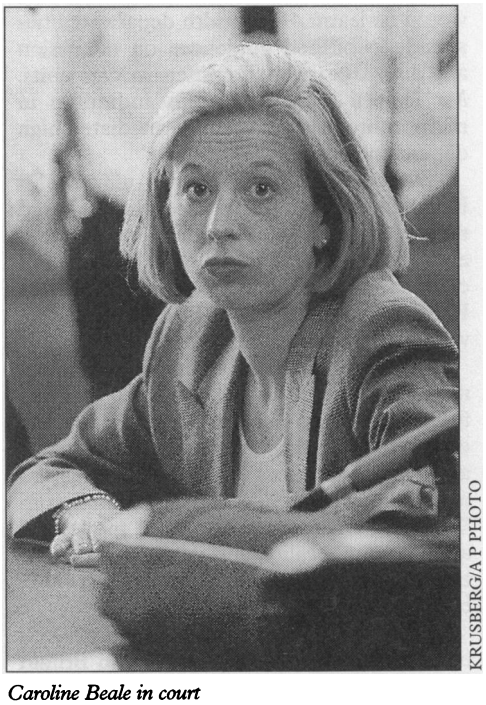
Ms Beale's treatment prompted her angry father, Peter, to label the US criminal justice system "barbaric and uncivilised." New York state Supreme Court judge Robert Hanophy retaliated by describing Britain as "that great country that has convicted a great many people on the perjured testimony of the police and allowed them to spend 15 to 17 years in prison and did everything to see they remain in prison, even though they knew they did not belong there."

In Britain puerperal psychosis has been a defence to a charge of child murder since the middle of the 19th century. In England and Wales, though not in Scotland, infanticide has existed as a separate statutory crime since 1922 as a result of pressure for legislative reform since 1860. In Scotland puerperal psychosis is dealt with as a form of diminished responsibility, reducing murder to manslaughter.

Under the current English legislation—the Infanticide Act 1938—a mother who kills her child within 12 months of its birth while the balance of her mind is disturbed through "not having fully recovered from the effects of giving birth" or through the "effect of lactation" may be dealt with as if guilty of manslaughter rather than murder.

There are doubts about whether Ms Beale actually did kill her child or whether the baby girl was born dead. Two independent pathologists' reports support Ms Beale's version of events—that the baby was dead at birth.

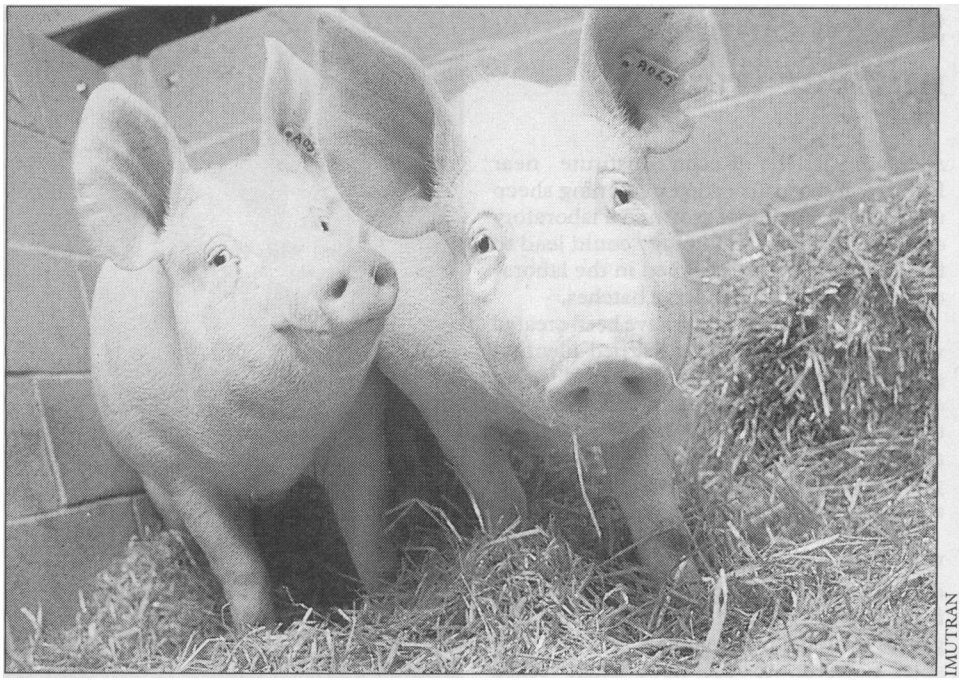
Ms Beale will serve her probation in Britain and will initially spend three weeks at London's Maudsley Hospital undergoing treatment by Professor Channi Kumar, a specialist in postpartum psychosis, assisted by the forensic psychiatrist Professor John Gunn.—CLARE DYER, *legal correspondent, BMJ*



KRUSBERG/A P PHOTO

Caroline Beale in court

Pig organs approved for human transplants



IMUTRAN

Transgenic pigs: will they solve the human transplant shortage?

The use of pig organs for transplantation into humans in Britain was given the go ahead by the Nuffield Council on Bioethics last week (see also p 651). But the council's report on the ethics of animal to human transplantation (xenotransplantation) warns that problems with rejection and the risks of transferring infectious diseases between species have not been adequately dealt with. The council is calling for the government to set up an advisory committee to put controls in place before the first xenotransplantations are carried out in humans.

Professor Albert Weale, chairman of the Nuffield Council's working party and professor of government at the University of Essex, said: "Around 5000 patients are on the waiting list for transplants, but because of the shortage of donated human organs less than 3000 human organ transplants were performed in 1995. The working party recognised the potential benefits that xenotransplantation could offer. If eating animals is allowed for pleasures of the palate it would appear logical to allow their use for transplantation."

For pig to human transplants to stand a chance of withstanding rejection, the pig needs to be genetically modified by the incorporation of human genetic material on to its cells. The creation of transgenic pigs reduces the risk of a hyperacute rejection—in which the transplanted organ stimulates a dramatic and destructive immunological response in its new host. Even so, there is little evidence, says the council's report, that a pig heart can function in the same way and for as long as a human one. Pigs usually live for only 20 years, and it is unknown if their hearts can function adequately in a human body. The report cites one case in which a patient was given a pig's heart in 1994 and died within 24 hours.

The council rejected the routine use of primates' organs, which have, however, been transplanted experimentally into humans in the US. The longest survival time recorded was for a chimpanzee's kidney in 1964, which lasted nine months.

The council argued that primates were too closely related to humans for it to be ethical to breed them as organ donors. Unlike pigs they probably breed too slowly to ever provide a substantial source of donor organs. Chimpanzees are also an endangered species, which makes their use in xenotransplantation even less ethical. "We realise that pigs are able to suffer but believe their suffering to be less than that of higher primates," said Professor David Morton, professor of biomedical science and biomedical ethics at the University of Birmingham.

Professor Mark Walport, of the Royal Postgraduate Medical School in London, said that the risk of infections being transmitted from pigs to humans could not really be quantified. "It is impossible to rule out the possibility of introducing new infections into the human recipient," he said. It is known, for example, that humans who come in contact with macaque monkeys can catch a type of herpes B virus that is fairly harmless to the monkey but causes a rapidly fatal encephalitis in humans. The council's report warns that viruses could be passed from pig to humans, although the pronounced biological differences between the two species suggest the risks of infection may be smaller than between monkeys and humans.

Such is the uncertainty surrounding xenotransplantation that the council recommends it should be carried out in adults before children and in patients for whom such an operation would be life saving. "Early patients would need to give very careful consent obtained by an independent person outside the clinical team so that all possible risks could be balanced against the possible benefits," said Professor Walport.—LUISA DILLNER, *BMJ*

Animal to Human Transplants is available from the Nuffield Council on Bioethics, 28 Bedford Square, London WC1B 3EG, price £10.

Behavioural disorders are overdiagnosed in US

American children are probably being overdiagnosed as having a behavioural disorder and being overprescribed drugs to treat it, says a report by the United Nations' International Narcotics Control Board. The agency, based in Vienna, was asked by the US Drug Enforcement Administration to look into the diagnosis and treatment of attention deficit disorder.

The agencies are concerned with the rapid growth in prescriptions for methylphenidate, an amphetamine marketed in the US as Ritalin. In 1990 worldwide production was less than three tonnes, but by 1994 more than 8·5 tonnes were being prescribed. About 90% of these prescriptions were to American children, adolescents, and adults.

Since 1990 the number of people diagnosed as having attention deficit disorder in America has risen from 900 000 to more than two million last year, the report said. The UN estimates that 10-12% of all American boys aged between 6 and 14 years are using the drug. The disorder is diagnosed four times more often in boys.

Some mental health experts are concerned that the disorder has been too uncritically embraced by frustrated parents and overburdened public school administrators who have turned to Ritalin for the quick fix that it seems to provide.

The UN report notes that attention deficit disorder resembles many other problems, including anxiety, depression, visual or hearing difficulties, traditional learning disabilities, and family dysfunction.

The disorder is usually brought to parents' attention by schoolteachers, often on the basis of poor behaviour in school. Ritalin is usually prescribed by paediatricians, and there is evidence that the disorder may not be diagnosed and treated properly in some children.

Researchers in 1994 at the University of California-Riverside surveyed 380 paediatricians and found that 50% of the children in whom they diagnosed attention deficit disorder did not undergo psychological or educational testing before Ritalin and other drugs were prescribed.

It is not completely clear how Ritalin works. It was once assumed that Ritalin had a paradoxical effect on people with attention deficit disorder, but it has been shown that the drug affects all people similarly. It seems to improve focus and concentration, particularly with dull tasks.—JOHN ROBERTS, *North American editor, BMJ*

Sheep cloned by nuclear transfer

A team at the Roslin Institute near Edinburgh has succeeded in cloning sheep using genetic material grown in a laboratory culture. The new technology could lead to farm animals being designed in the laboratory and reproduced in large batches.

So far five female lambs have been created with the new method. All carried identical genes despite being born to five different ewes. Two died within moments of birth, a third after 10 days. The survivors, Megan and Morag, are now 9 months old. It is not yet known whether they will be fertile as adults, though in theory they should be.

Sheep were first cloned in 1986 by Sten Willadsen at the Institute of Animal Physiology near Cambridge. He removed the nuclei from sheep eggs and replaced them with genetic material from embryos. He was only able, however, to use new, single celled embryos. Genes from more developed embryos were unable to direct the early growth of the egg. It was therefore impossible to mass produce identical clones.

The Roslin researchers took cells derived from sheep embryos and cultured them through several passages. The resulting cells were induced to quiesce by serum starvation then fused with enucleated eggs by a tiny spark of electricity. The team thinks that quiescence may modify the donor cells' chromatin structure to help nuclear reprogramming and so allow development.

Currently only about 15% of transfers develop to the blastocyte stage, but given enough eggs, which could be recovered from slaughtered sheep, large numbers of identical lambs could be created from a single cell line. The team hopes to improve its success rate and also to work towards the cloning of pigs.

It is illegal to try to clone humans in Britain under the Human Fertilisation and Embryology Act 1990, which arose out of the Warnock committee's recommendations on the ethics of genetic engineering. Scientists are still unable to culture the embryonic human cells that would be needed for the Roslin methods to work on people.—OWEN DYER, *freelance journalist, London*

MURDO MACLEOD

Genetically identical sheep

British government highlights neurosciences

Key areas of medicine, biotechnology, and public health will be prioritised for spending by the British government, according to the recommendations of the Technology Foresight Programme published this week.

The programme, sponsored by the Department of Trade and Industry, was started in 1994 with the aim of bringing together the fields of science, business, and engineering. The intention is to create new partnerships to help to identify emerging opportunities for wealth creation and improvements in quality of life in Britain. Expert panels reviewed 15 key sectors of science and technology.

Professor Mark Ferguson, dean of the faculty of biological sciences at the University of Manchester and chairman of Foresight's health and life sciences panel, said: "We began by trying to devise ways of building better partnerships between academics, health care professionals, the pharmaceutical industry, and biotechnology and to address areas of concern by a critical, collaborative approach. Having identified agreed priorities, we are now seeking ways to address them through partnerships in the health and life sciences fields."

The panel advocates a strong research base in clinical medicine and the life sciences, linked to industry to harness wealth creation and to the health services to benefit patients. Developing "integrative biology," such as the clinical application of the current mapping of the human genome, is also identified as a priority.

The importance of neuroscience and the cognitive sciences is highlighted, especially the areas of progressive degenerative disease and non-specific, age related decline. "We need to find ways to compress the disease process into as short a time as possible before death, keeping an aging population healthier for longer," Professor Ferguson said.

Diagnostics is identified as an area of "huge potential." Expansion in this area corresponds to the predicted growth in "probabilistic medicine," which seeks to capitalise on wider and more reliable diagnostic tests to screen and assess patients' susceptibility to disease.

Funding will also be targeted at immune system manipulation, seen in procedures such as implants or xenografting, and at medical information technology.—ALISON BOULTON, *freelance journalist, London*

Top British school plans drug testing

Harrow School, one of Britain's most famous private educational establishments, last week revealed plans to introduce drug testing of its pupils. Its headmaster, Nicholas Bomford, said that the facilities would be in place by September. Boys whose housemasters detect signs of drug misuse will be subjected to urine tests, with expulsion likely if the result is positive.

Rugby School, which has a status comparable to Harrow's, also seems likely to institute a policy of testing by September and has an internal working party due to report on the issue within the week. The school has expelled three or four pupils for cannabis use in the past five years, according to director of communications, Graham Hedges.

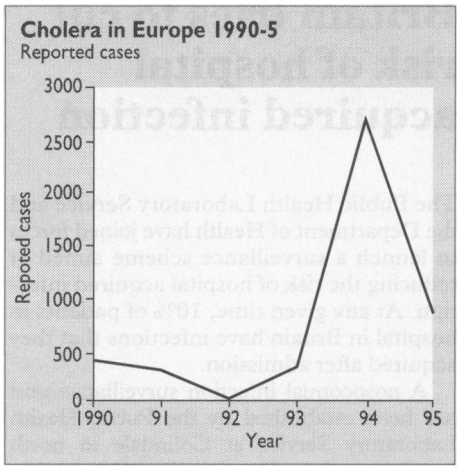
Harrow's decision follows the recommendations of a working party set up at the last independent schools' headmasters' and headmistresses' conference in October. The committee was chaired by Keith Dawson, headmaster of Haberdashers' Aske's School.

Sally Taylorson of Release said that drug testing is no substitute for a comprehensive programme of drugs education, and she questions the ability of untrained people to spot signs of drug misuse. "What are the signs? Being spotty, red eyed, sleepy? That could cover half of the school population."

The commonest form of testing is urine sampling, which is cheap, non-invasive, and fairly accurate. Such tests can detect cannabis up to three weeks after use. Heroin, amphetamines, cocaine, and ecstasy remain in the system for only two or three days. Under these circumstances Sally Taylorson speculates that students might be tempted to misuse the harder drugs, which are safer in terms of detection.

Dr Richard Nicholson, editor of the *Bulletin of Medical Ethics*, thought the idea impractical as well as unethical. "In the world of sports drug testing there are rigorous procedures to ensure that a urine sample does indeed come from the person in question. Are they going to watch schoolboys and girls giving samples?"—OWEN DYER, *freelance journalist, London*

WHO fights "forgotten" diseases



Governments and international funding agencies are being urged to support a World Health Organisation strategy to fight the re-emergence of "forgotten" communicable diseases in Europe. The WHO's regional office for Europe is warning that epidemics of diphtheria, cholera, tuberculosis, viral hepatitis, and polio are already posing a threat to public health in western Europe.

The WHO's European region director, Dr Jo Asvall, said that the disintegration of the communist system, followed by economic collapse in the newly independent states of the former Soviet Union, had had "disastrous" effects on public health. It had demolished the infrastructure of disease prevention and control, fragmenting vital preventive services such as immunisation and vaccination.

Dr Asvall described what he said were "massive" epidemics of diphtheria since 1990 in the Russian Federation, the Ukraine, central Asia, and the Caucasus. In the Ukraine unprotected children had passed on the infection to adults. Imported cases have since been documented in Finland, Norway, Germany, and Poland. "We thought these problems were behind us, but Europe now accounts for 80% of diphtheria cases reported worldwide," he said.

The WHO plans to strengthen and coordinate surveillance, implement mass immunisation programmes, and boost existing programmes in all European countries. It also proposes assisting with effective control strategies, improving basic hygiene and water quality, and instigating public information and education campaigns.

The organisation is also urging more effective preventive measures to halt the rapid upsurge in sexually transmitted diseases. These were previously well controlled in the former Soviet Union, but Dr Asvall said that changes in the socioeconomic climate had led to a sharp rise in syphilis, with 120 000 reported cases in 1994 in the Russian Federation alone.

The number of registered cholera cases in the WHO's European region increased ninefold between 1993 and 1994. Last year 17 of the region's 50 member states reported at least one imported case of cholera.

Deaths from tuberculosis are rising in eastern Europe, and drug resistant strains of the disease are spreading. The WHO estimates that, globally, someone is newly infected with tuberculosis every second and that 30 million people will die of the disease over the next 10 years.

The WHO's European region is now appealing for $6m (£4m) to fund its new strategy.—ANNABELLE MAY, *freelance journalist, London*

AP PHOTO

Warning against cholera beside the banks of a Russian river

New guidance aims to protect patient records

Guidelines on protecting patient information were issued last week by the Department of Health because of the ease with which confidential personal information can nowadays be passed within the NHS, often by computer. The aim is to remind all concerned that there is a legal duty to protect patient confidentiality.

Patient information is protected by the common law duty of confidence and by the Data Protection Act, as well as by ethical duties of confidence. A recently adopted European directive on data protection must be implemented by October 1998.

All NHS organisations are being told to adopt clear policies and procedures on the use and protection of patient information. They are to review their security arrangements by the end of July and implement any remedial action by November. The 24 page guidance, *The Protection and Use of Patient Information*, deals with the circumstances in which information may be passed on and how to keep patients informed about the ways in which information on them is used.

When anonymised information would be sufficient for a particular purpose, the guidance states that identifiable details should be omitted wherever possible. The document contains a specimen "notice for patients" about their rights and the use of information on them, which may be handed out. A computer security manual is to be issued shortly.—JOHN WARDEN, *parliamentary correspondent, BMJ*

Copies of the guidance document are available from the Department of Health, PO Box 410, Wetherby LS23 7LL.

Company appeals to retain temazepam capsules

The manufacturers of temazepam capsules, R P Scherer, are to appeal against a High Court judge's ruling in Britain last week that the health secretary was acting within his powers when he banned doctors prescribing the gel filled capsules on the NHS. Stephen Dorrell added the capsules to the list of drugs that doctors are prohibited from prescribing on the NHS in the wake of what the judge described as "devastating" injuries to drug misusers who melted down and injected the contents.

The company, sole manufacturers of the capsule in the United Kingdom, challenged Mr Dorrell's power to use the prohibited list. The list is intended to save costs by obliging doctors to prescribe cheaper, generic forms of drugs. The company argued that it should not be used to ban a drug just because a

small number of addicts misuse it.

But Mr Justice Judge said that the ban, which came into force in January, was a "permissible exercise" of the health secretary's powers to protect public health. Drug takers had injected the liquefied contents of the capsules, leading to the amputation of limbs and death. The ban, which does not cover private prescriptions, was imposed after the deaths of at least 80 addicts, mainly in Scotland, who injected themselves with the contents of the capsules, known as "jellies," "wobbly eggs," or "rugby balls."

The judge said that the Department of Health had conducted full and fair inquiries before applying the ban and that a formidable body of information had been gathered during consultations with clinicians and experts on drug misuse. Scherer had warned that if the capsules were banned the tablet or elixir form of the drug would be misused instead. But the government's medical experts concluded that addicts would not resort to the tablets because they did not provide the same euphoric "hit," said the judge.

Michael Beloff QC had argued that there were no statutory safeguards for pharmaceutical companies when the prohibited drugs list was used on an ad hoc basis. The company stands to lose £3m a year unless the ban is overturned.—CLARE DYER, *legal correspondent, BMJ*

Britain tries to cut risk of hospital acquired infection

The Public Health Laboratory Service and the Department of Health have joined forces to launch a surveillance scheme aimed at reducing the risk of hospital acquired infection. At any given time, 10% of patients in hospital in Britain have infections that they acquired after admission.

A nosocomial infection surveillance unit has been established by the Public Health Laboratory Service at Colindale in north London, and the Department of Health has promised funding of up to £1·25m ($1·9m) to set up the surveillance scheme. Around 20 hospitals will participate initially, with scope eventually for most NHS acute hospitals.

Professor Brian Duerden, deputy director of the laboratory service, said: "Surveillance is an essential component of the prevention and control of infection in hospitals. It consists of the routine collection of data on infections among patients or staff, its analysis, and the dissemination of the resulting information to those who need to know so that appropriate action can follow."

"Although monitoring of alert organisms [those most likely to cause outbreaks] is regularly undertaken by hospital infection control teams, there is more emphasis on intervention to manage specific infections than on developing routine surveillance programmes."

There is some evidence that surveillance schemes work. One study carried out in the United States found that hospitals with active surveillance and control programmes managed to reduce substantially the incidence of nosocomial infection over five years, whereas those who did not have such programmes had an increase in such infections

Hospitals will be invited to apply to take part in the scheme through advertisements in the professional press, and the scheme will provide surveillance services to each participating hospital.

Professor Duerden said: "Initially this will be done by developing a number of different modules, each focusing on different types of infection—for example, blood stream or wound infections. This will enable hospitals to choose options most appropriate and useful to their local context."

Ultimately it is hoped that the scheme could also provide key information on emerging trends and problems. Hospitals would, for instance, report the nature and antibiotic sensitivity of various micro-organisms isolated.—CLAUDIA COURT, *BMJ*

Focus: Brussels

European Union divided over drugs policy

The Netherlands' relatively liberal policy towards drugs is currently threatening one of the European Union's most cherished aims: the abolition of border controls in the single market. The country is embroiled in a row with her closest neighbours—France, Germany, and Belgium—about its tolerant approach to soft drugs. Paris, increasingly supported by Bonn, argues that since the abolition of frontier controls between seven of the 15 EU countries a year ago the Netherlands has become a source of supply for neighbouring countries. France has restored its border controls and refuses to remove them until the Dutch tighten their approach. The Dutch deny the allegations and argue that their policies have yielded better overall results than the more repressive measures used elsewhere.

This particular row looks set to simmer on. But resolving it is important this year if the European Union is to forge a more effective strategy against the illegal drugs trade. Pressure is coming from virtually every member state for tougher action, particularly in strangling the supply of drugs, devising prevention policies, and developing wider international cooperation.

The row between the Netherlands and her neighbours illustrates the key issues for a union wide policy—and also the difficulties. It highlights, for example, the practical problems of abolishing frontier controls for people moving from one country to another. But it also illustrates the difficulty of reconciling very different philosophies about crime and punishment. Countries differ in their tolerance of soft drugs and in the severity of penalties for those caught using drugs.

The union has fewer problems in speaking with one voice over the need to stem the flow of drugs into its territory in the first place. International agreements with Latin American and Asian countries now regularly provide for combined measures to fight the narcotics trade. There is little argument when Britain, France, and the Netherlands urge action to stop the Caribbean being used as a launch pad for Latin American drugs aimed at the European market.

Combined efforts against money laundering, simultaneous raids against drugs gangs, greater sharing of intelligence, and strengthening of external frontiers all command general support. So too does the work of the EU's Drugs Monitoring Agency in Lisbon, which by the end of the year should complete the first comprehensive picture of the extent of drug misuse in the union.

Nevertheless, cooperation to stem the tide of illegal drugs and domestic policies on policing and punishment go together. An expert report to the Madrid summit warned that "the struggle against drugs must be based on interaction between preventive measures, control and suppression of illicit production...and treatment for drug addicts." Only by means of such a comprehensive approach, it argued, could the goal of reducing demand and restricting trafficking be attained.

The European Commission is trying to determine the areas of common ground on drugs policies and to build on these. Just before Christmas, together with the European Parliament and the Spanish government, it organised a conference that included both health and enforcement officials, from producer countries as well as member states. This meeting sketched out initial areas of agreement and will be followed up: an examination of the relation between drugs and urban crime is planned.

Whether all this activity results in a more effective collective strategy—or whether it founders on irreconcilable differences in philosophy—will only become clear at the end of the year, at the Dublin summit, when EU leaders are committed to announcing a strategy.—RORY WATSON, *European Voice, Brussels*